

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/749586

1, 6, 11, 18 CLAIMS AS FILED - PART I
23, 30, 31, 33 (Column 1) 39 (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	40 minus 20 =	20
INDEPENDENT CLAIMS	10 minus 3 =	7
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT A			
Total	40	minus 20	= 20
Independent	10	minus 3	= 7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X50=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X50=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X50=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X50=		OR	X518=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

5-24-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT B			
Total	40	minus 40	= 0
Independent	10	minus 10	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

11/4/05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT C			
Total	40	minus 40	= 0
Independent	10	minus 10	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.